

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3004AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/20/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER LIVING CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>706 LACY LANE LAS VEGAS, NV 89107</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual state licensure survey and complaint investigation conducted in your facility on June 20, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 total beds, Category 2 residents, elderly or disabled persons.</p> <p>The census at the time of the survey was 7.</p> <p>There was 1 complaint investigated during the survey. Complaint NV18419 was not substantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=E	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p>	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 2 of 3 caregivers received the annual 8 hour training (Employee #2 and #3).  Findings include:  Employee #2 was hired in 12/2004. The file lacked documented evidence of the annual 8 hour training.  Employee #3 was hired in 12/2004. The file lacked documented evidence of the annual 8 hour training.  Severity: 2                      Scope: 2	Y 070		
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements  NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.	Y 877		

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Y 877	Continued From page 2  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure compliance with the administration of over-the-counter medication regulations (Resident #2).  Findings include:  Resident # 2 admitted on 8/22/08 with diagnoses of Dementia, Cerebrovascular Accident, Reflux, Hypertension, and Depression had been receiving over-the-counter stool softener without a physician's order.  Severity: 2                      Scope: 1	Y 877			
YA895 SS=E	449.2744(1)(b) Medication/MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	YA895			

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YA895	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain an accurate record of medications for 3 of 7 residents (Residents #2, #6, #7).</p> <p>Findings include:</p> <p>The facility maintains custody and assists in the administration of medication for 7 of 7 residents.</p> <p>1. Resident #2 was admitted on 8/22/06 with diagnoses of Dementia, Cerebrovascular Accident, Reflux, Hypertension and Depression. The medication tray for Resident #2 contained Plavix 75 milligram (mg). tablets 1 tablet by mouth. The container was dated 5/7/08. Plavix was not listed on the Medication Administration Record (MAR) for June 2008.</p> <p>On 6/20/08 afternoon, Employee #2 stated she had been giving Resident #2 Plavix every morning and was not aware that it was not listed on the MAR.</p> <p>2. Resident #6 was admitted on 5/6/08. The medication tray for Resident #6 contained Lipitor. There was no documentation of administration of the Lipitor on 6/19/08.</p> <p>On 6/20/08 in the afternoon, Employee #2 stated the facility administered the hs (hour of sleep) dosage of Lipitor to Resident #6 on 6/19/08.</p> <p>3. Resident #7 was admitted on 4/26/08 with diagnoses of Depression, Gastroesophageal Reflux Disorder, and History of head injury with subdural hematoma. The Medication Administration Record (MAR) for the month of June 2008 had the instructions of: Dilantin 100</p>	YA895			

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YA895	<p>Continued From page 4</p> <p>mg 1 caplet by mouth, twice a day and Two (2) tablets at bedtime. The only physician's order found in the chart revealed: Dilantin 200 milligrams 1 tablet by mouth every morning and Dilantin 150 milligrams 1 tablet every night.</p> <p>On 6/20/08 afternoon, Employee #2 stated she was not aware of the correct medication dosage for the Dilantin.</p> <p>Severity: 2                      Scope: 2</p>	YA895			

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